
Full Name of Party Submitting this Document

Mailing Address (Street or Post Office Box)

City, State, and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT
OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

In the Matter of

_____,
DOB: _____
a Minor.

Case No.: _____

SWORN CONSENT TO
APPOINTMENT OF GUARDIAN

STATE OF _____)
: ss.
County of _____)

I swear under oath

1. I, am the [] mother [] father of the minor and consent to the appointment of a
Guardian for the minor.

2. I, a. [] renounce the right to nominate a Guardian. **or**
b. [] nominate _____, whose address is
_____, to serve as Guardian.

DATE: _____

Signature of parent

Printed Name of Person signing this Document

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SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20__.

Notary Public for Idaho
Residing at _____
My commission expires: _____